

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/509337		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/								
2	/					51			
3	/					52			
4	/					53			
5	/					54			
6	/					55			
7	/					56			
8	/					57			
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41						90			
42						91			
43						92			
44						93			
45						94			
46						95			
47						96			
48						97			
49						98			
50						99			
TOTAL IND.	71					100			
TOTAL DEP.	32					TOTAL IND.			
TOTAL CLAIMS	103					TOTAL DEP.			
						TOTAL CLAIMS			

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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